I hereby certify that the following officers were elected by the ____________________________ Chapter Name

Chapter on _______ / ______ / ______

Secretary's Signature: ___________________________ Date Submitted: _______ / ______ / ______

■ PRESIDENT

Name ___________________________ FMCA # __________

Date Taking Office __________________ Phone Number ______ ______ ______

E-Mail ______________________________

■ VICE PRESIDENT (List additional Vice Presidents on a separate page and attach to this form)

Name ___________________________ FMCA # __________

Date Taking Office __________________ Phone Number ______ ______ ______

E-Mail ______________________________

■ SECRETARY

Name ___________________________ FMCA # __________

Date Taking Office __________________ Phone Number ______ ______ ______

E-Mail ______________________________

■ TREASURER

Name ___________________________ FMCA # __________

Date Taking Office __________________ Phone Number ______ ______ ______

E-Mail ______________________________

■ SECRETARY / TREASURER

Name ___________________________ FMCA # __________

Date Taking Office __________________ Phone Number ______ ______ ______

E-Mail ______________________________
**NATIONAL DIRECTOR (Not required for Associate Chapter)**

Name________________________________________________________ FMCA #____________________

Date Taking Office_________________________ Phone Number ____________ ____________ ____________

E-Mail________________________________________________________

**ALTERNATE NATIONAL DIRECTOR (Not required for Associate Chapter)**

Name________________________________________________________ FMCA #____________________

Date Taking Office_________________________ Phone Number ____________ ____________ ____________

E-Mail________________________________________________________

**NEWSLETTER EDITOR**

Name________________________________________________________ FMCA #____________________

Date Taking Office_________________________ Phone Number ____________ ____________ ____________

E-Mail________________________________________________________

**CHAPTER CONTACT INFORMATION (As it should appear in the Chapter Directory of Family RVing magazine)**

Please be sure to list someone who will be able to respond to inquiries and is readily available to answer chapter questions.

Name________________________________________________________ FMCA #____________________

Address_____________________________________________ City/State/Zip _____________________________

Start Date_______________________________ Phone Number ____________ ____________ ____________

E-Mail________________________________________________________

Return to: Chapter Services
Family Motor Coach Association
8291 Clough Pike
Cincinnati, Ohio 45244

*Permanent changes to membership files cannot be made from this form. Please encourage your members to keep their membership records current by contacting the Membership Department: 513-474-3622 or 800-543-3622, e-mail to addresschange@fmca.com, or make changes online at www.fmca.com*